

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "DEVICE FOR THE ROTATABLE COUPLING OF TWO COAXIAL CONNETION ELEMENTS", the specification of which filed herewith, and is identified by Attorney's Docket No. GOTZ-10.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby appoint Pandiscio & Pandiscio, a firm composed of Nicholas A. Pandiscio, Registration No. 17293, Mark J. Pandiscio, Registration No. 30883, Scott R. Foster, Registration No. 20570, and James A.

Sheridan, Registration No. 43114 or any of them, of 470
Totten Pond Road, Waltham, Massachusetts
02451-1914, (Telephone No. 781-290-0060), my attorneys
with full power of substitution and revocation, to
prosecute this application and to transact all business
in the Patent Office connected therewith.

I hereby declare that all statements made herein
of my own knowledge are true and that all statements
made on information and belief are believed to be true;
and further that these statements were made with the
knowledge that willful false statements and the like so
made are punishable by fine or imprisonment, or both,
under Section 1001 of Title 18 of the United States
Code and that such willful false statements may
jeopardize the validity of the application or any
patent issued thereon.

Inventor's signature:	_____
Inventor's full name:	<u>Erich Russ</u>
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Citizenship:	<u>Germany</u>

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Inventor's signature: _____
Inventor's full name: Dipl.-Ing. Werner Schröppel
Date: _____
Residence: Schulstraße 28a
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Post office address: same
Citizenship: Germany

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